U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
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This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

File Number U = 2599 3. Name and address of person filing.					2. Fiscal Year Covered From: 1					
					4. Name, file number, and address of labor organization.					
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Name of Person Filing Dennis Cook	File Number U- 23 9 9								
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, seiling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.									
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State Illinois Zip Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer								
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any; P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such deal	Je of such dealing.							
	12.b. Amount.								
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.									
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name Goldberg, Weisman & Cairo, ltd. Trade Name, if any: P.O. Box, Bidg., Room No., if any 34th FLoor Street 1 E. Wacker Drive City Chicago	14.a. Nature of payment. 3 logo golf balls received at a golf outing. (Entry and participation fees for the outing were paid for personally, with my own funds.)								
State Indiana ZIP Code + 4 60601	14.b. Amount of payment.		punnisha dia dan dan 1914 menganan ang ang ang ang ang ang ang ang a						
13.b. Is the Business an Employer or Consultant ?	kaliine		\$11						